



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

NAUGHTON

Serial No.: 09/909,632

Filed: July 19, 2001

Atty. File No.: 7054-2

For: "LASER LIGHT HANDLE"

**Customer No. 22442**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

) Group Art Unit: 2875

) Examiner: Alavi, A.

) Confirmation No. 9976

) AMENDMENT AND RESPONSE

CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS  
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ENVELOPE ADDRESSED TO THE COMMISSIONER FOR  
PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450  
ON 11/10/03

SHERIDAN ROSS P.C.

BY:

*Christine Jacquot*

Dear Sir:

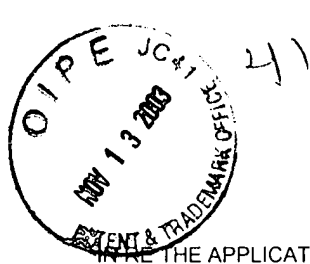
Applicant submits this Amendment and Response to address the Office Action having a mailing date of October 6, 2003 (Paper No. 3). Also enclosed is a check in the amount of \$43.00 as the fee for the additional independent claim presented herein. Please credit any overpayment or charge any underpayment to Deposit Account No. 19-1970.

Please amend the above-identified patent application as follows:

11/17/2003 JBALINAN 00000023 09909632

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43.00 0P



## AMENDMENT TRANSMITTAL

CASE DOCKET NO. 7054-2

IN RE THE APPLICATION OF: MICHAEL L. NAUGHTON

SERIAL NO: 09/909,632

DATE FILED: July 19, 2001

FOR: "LASER LIGHT HANDLE"

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

SIR:

TRANSMITTED HERewith IS AN AMENDMENT IN THE ABOVE-IDENTIFIED APPLICATION

THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

	(COL. 1) CLAIMS REMAINING AFTER AMENDMENT	(COL. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(COL. 3) PRESENT EXTRA	SMALL ENTITY			LARGE ENTITY	
				RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
TOTAL:	* 20	- ** 20	0	X \$9 =	\$0.00	OR	X \$18 =	
INDEP:	5	- *** 4	1	X \$432 =	\$43.00	OR	X \$84 =	\$80.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				+ \$140 =		OR	+ \$280 =	
ADDITIONAL FEES				TOTAL:	\$43.00	OR	TOTAL:	

\*IF THE ENTRY IN COL. 1 IS LESS THAN THE ENTRY IN COL. 2, WRITE "0" IN COL. 3.

\*\*IF THE "HIGHEST NUMBER PREVIOUSLY PAID FOR" IN THIS SPACE IS LESS THAN 20, WRITE "20" IN THIS SPACE.

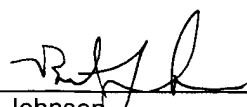
\*\*\*IF THE "HIGHEST NUMBER PREVIOUSLY PAID FOR" IN THIS SPACE IS LESS THAN 3, WRITE "3" IN THIS SPACE.

THE "HIGHEST NUMBER PREVIOUSLY PAID FOR" (TOTAL OR INDEPENDENT) IS THE HIGHEST NUMBER FOUND FROM THE EQUIVALENT BOX IN COL. 1 OF A PRIOR AMENDMENT OR THE NUMBER OF CLAIMS ORIGINALLY FILED.

☐ PLEASE CHARGE DEPOSIT ACCOUNT NO. 19-1970 IN THE AMOUNT OF \$\_\_\_\_. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.☒ A CHECK IN THE AMOUNT OF \$ 43 TO COVER THE FEE IS ENCLOSED.☒ THE COMMISSIONER IS HEREBY AUTHORIZED TO CHARGE PAYMENT OF THE FOLLOWING FEES ASSOCIATED WITH THIS COMMUNICATION OR CREDIT ANY OVERPAYMENT TO DEPOSIT ACCOUNT NO. 19-1970. A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.☒ ANY FILING FEES UNDER 37 CFR 1.16 FOR THE PRESENTATION OF EXTRA CLAIMS.☒ ANY PATENT APPLICATION PROCESSING FEES UNDER 37 CFR 1.17.

RESPECTFULLY SUBMITTED,

SHERIDAN ROSS P.C.

  
Brent P. Johnson  
Registration No. 38,031

## CERTIFICATE OF MAILING

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ON 11/10/03

SHERIDAN ROSS P.C.

BY: 